Georgia-Pacific

634 Davis Street
Emporia, VA 23847
(434) 634-5123
(434) 634-9193 fax

Certified Mail 7012 3050 0000 2281 4340

December 28, 2015

Mr. Joseph B. Bryan
VPDES Permit Writer
VA DEQ PRO
4949-A Cox Road
Glen Allen, VA 23060

RE: Georgia-Pacific Wood Products LLC
Emporia Plywood Facility
Renewal of Industrial Storm Water Permit No. VA0006483 – Submission of Additional Information Requested

Dear Mr. Bryan:

We received your letter (electronic to Kevin Kessler) dated December 23 describing minor revisions that were needed on some of the EPA forms. Enclosed are the revised and signed forms. An electronic copy will be sent to you at the e-mail address joseph.bryan@deq.virginia.gov.

If you have any questions, please feel free to contact Kevin Kessler at (434) 634-8295) or via e-mail at krkessle@gapac.com.

Sincerely,

Bryan Bates
Plant Manager
Emporia Plywood Plant

Attachments: Corrected EPA Forms
Description of Material Management Practices
Additional Information Request Letter dated December 23, 2015

Georgia-Pacific

634 Davis Street
Emporia, VA 23847
(434) 634-5123
(434) 634-9193 fax

Certified Mail 7012 3050 0000 2281 4333

December 9, 2015

Mr. Joseph B. Bryan
VPDES Permit Writer
VA DEQ PRO
4949-A Cox Road
Glen Allen, VA 23060

RE: Georgia-Pacific Wood Products LLC
Emporia Plywood Facility
Renewal of Industrial Storm Water Permit No. VA0006483

Dear Mr. Bryan:

Enclosed with this cover letter you will find one original copy of the Virginia Pollution Discharge Elimination System (VPDES) Renewal Application for the Georgia-Pacific Wood Products LLC – Emporia Plywood Facility's VPDES Permit No. VA0006483. As requested in previous correspondence, an electronic copy will be sent to you at the e-mail address joseph.bryan@deq.virginia.gov.

As a matter of clarification, for EPA Form 1. Part II.C - The facility is using Forms E and F in lieu of Form C, because the application covers non-process waste water and storm water.

The attached Forms E reference sources of non-process waters that have a potential for release on an infrequent basis. Currently each source is sent directly to the local POTW for treatment, and the facility will continue to do so. They are included in the application so that in the unlikely event of a discharge to the storm water system, the release would be covered by the permit. Each source was sampled and reported separately.

If you have any questions, please feel free to contact Kevin Kessler at (434) 634-8295) or via e-mail at krkessle@gapac.com.

Sincerely,

Bryan Bates
Plant Manager
Emporia Plywood Plant

Attachments:
EPA Form 1
EPA Forms 2E for four sources
EPA Form 2F
Topographical Site Map
Storm Water Flow Map
VPDES Permit Application Addendum
VPDES Public Notice Billing information Form

Please print or type in the unshaded areas only. Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: S F VA0006483 T/A C D

LABEL ITEMS		
I.	EPA I.D. NUMBER	PLEASE PLACE LABEL IN THIS SPACE
III.	FACILITY NAME	
V.	FACILITY MAILING ADDRESS	
VI.	FACILITY LOCATION	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	X	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	16	17	18		19	20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

C 1 SKIP: Georgia-Pacific Wood Products LLC - Emporia Plywood

15 | 16 – 29 | 30 ... 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 Kevin Kessler - Environmental Leader	(434) 634-8295
15 | 16 ... 45	46 48 | 49 51 | 52 55

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 634 Davis Street

15 | 16 ... 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 Emporia	VA	23847
15 | 16 ... 40	41 42	47 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 634 Davis Street

15 | 16 ... 45

B. COUNTY NAME

Greensville

46 ... 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 Emporia	VA	23847	
15 | 16 ... 40	41 42	47 51	52 54

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
2436 (specify) Softwood Veneer and Plywood	(specify)

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: Georgia-Pacific Wood Products LLC - Emporia Plywood

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P (specify)

D. PHONE *(area code & no.)*: A (434) 634-5123

E. STREET OR P.O. BOX: 634 Davis Street

F. CITY OR TOWN: Emporia

G. STATE: VA

H. ZIP CODE: 23847

IX. INDIAN LAND
Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N VA0006483	9 P

B. UIC *(Underground Injection of Fluids)*	E. OTHER *(specify)*
9 U	9 PRO50283 (specify) Title V Air Permit

C. RCRA *(Hazardous Wastes)*	E. OTHER *(specify)*
9 R	9 5070 and 5075 (specify) Waste water permits for City of Hopewell, VA

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

This facility manufactures softwood plywood from pine veneer. Pine logs are debarked, peeled into thin veneer and laminated together using adhesives into panels that are used in various construction applications.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Bryan Bates - Plant Manager	Bry Bates	12/28/15

COMMENTS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) VA0006483	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
001	36	41	41	-77	31	31	Metcalf Branch of Meherrin River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

Air conditioner system blowdown water does not contain any additives.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		*(3)* Number of Measurements Taken *(last year)*	*(or)* *(4)* Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.031 kg/Day	5.6 mg/L	0.031 kg/Day	5.6 mg/L	1	
Total Suspended Solids (TSS)	<QL	<1 mg/L	<QL	<1 mg/L	1	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	NA	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	NA	
Oil and Grease	<QL	<5 mg/L	<QL	<5 mg/L	1	
*Chemical oxygen demand (COD)	0.888 kg/day	163 mg/L	0.888 kg/day	163 mg/L	1	
*Total organic carbon (TOC)	0.401 kg/day	73.6 mg/L	0.401 kg/day	73.6 mg/L	1	
Ammonia *(as N)*	0.0118 kg/da	2.17 mg/L	0.0118 kg/da	2.17 mg/L	1	
Discharge Flow	Value 1 GPM		1 GPM		1	
pH *(give range)*	Value 10.6 - 10.7 SU		10.6 - 10.7 SU		2	
Temperature *(Winter)*	24.4 °C		24.4 °C		1	
Temperature *(Summer)*	24.4 °C		24.4 °C		1	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Currently this discharge is captured and sent to the Emporia, VA waste water treatment facility. A discharge to this outfall would be rare.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

None

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

This source is currently captured and treated off-site. It is included in this application as an allowable source in the event of an accidental discharge.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
Bryan Bates - Plant Manager	434-634-5123
C. Signature	D. Date Signed
Bry Bates	12/28/15

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1): VA0006483

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
001	36	41	41	-77	31	31	Metcalf Branch of Meherrin River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

Fire pump non-contact cooling water does not contain any additives.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		*(3)* Number of Measurements Taken *(last year)*	*(or)* *(4)* Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	<QL	<2.0 mg/L	<QL	<2.0 mg/L	1	
Total Suspended Solids (TSS)	0.12 kg/day	1.7 mg/L	0.12 kg/day	1.7 mg/L	1	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	NA	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	NA	
Oil and Grease	<QL	<5 mg/L	<QL	<5.0 mg/L	1	
*Chemical oxygen demand (COD)	<QL	<10.0 mg/L	<QL	<10.0 mg/L	1	
*Total organic carbon (TOC)	2.69 kg/day	38.0 mg/L	2.69 kg/day	38.0 mg/l	1	
Ammonia *(as N)*	<QL	<0.10 mg/L	<QL	<0.10 mg/L	1	
Discharge Flow	Value 13 GPM		13 GPM		1	
pH *(give range)*	Value 6.8 - 6.9 SU		6.8 - 6.9 SU		2	
Temperature *(Winter)*	21.1 °C		21.1 °C		1	
Temperature *(Summer)*	21.1 °C		21.1 °C		1	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Currently this discharge is captured and sent to the Emporia, VA waste water treatment facility. A discharge to this outfall would be rare.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

None

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

This source is currently captured and treated off-site. It is included in this application as an allowable source in the event of an accidental discharge.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
Bryan Bates - Plant Manager	434-634-5123
C. Signature	**D. Date Signed**
	12/28/15

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) VA0006483	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
001	36	41	41	-77	31	31	Metcalf Branch of Meherrin River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

Boiler blow down contains a small amount of the following additive types used to control boiler chemistry: corrosion inhibitors (2), pH control, oxygen scavenger and water hardness. The compositon of individual additives may change slightly depending on the source of the additive.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	*(or)* (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	1.03 kg/Day	18.9 mg/L	1.03 kg/Day	18.9 mg/L	1	
Total Suspended Solids (TSS)	1.90 kg/day	34.8 mg/L	1.90 kg/day	34.8 mg/L	1	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	NA	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	NA	
Oil and Grease	<QL	<5 mg/L	<QL	<5 mg/L	1	
*Chemical oxygen demand (COD)	4.34 kg/day	79.6 mg/L	4.34 kg/day	79.6 mg/L	1	
*Total organic carbon (TOC)	2.04 kg/day	37.4 mg/L	2.04 kg/day	37.4 mg/L	1	
Ammonia *(as N)*	<QL	<0.10 mg/L	<QL	<0.10 mg/L	1	
Discharge Flow	Value 10 GPM		10 GPM		1	
pH *(give range)*	Value 10.6 - 10.7 SU		10.6 - 10.7 SU		2	
Temperature *(Winter)*	27.2 °C		27.2 °C		1	
Temperature *(Summer)*	27.2 °C		27.2 °C		1	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Currently this discharge is captured and sent to the Emporia, VA waste water treatment facility. A discharge to this outfall would be rare.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

None

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

This source is currently captured and treated off-site. It is included in this application as an allowable source in the event of an accidental discharge.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
Bryan Bates - Plant Manager	434-634-5123
C. Signature	D. Date Signed
	12/28/15

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) VA0006483	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
001	36	41	41	-77	31	31	Metcalf Branch of Meherrin River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

Boiler softner water is potable water that is treated with a brine solution to control hardness.

IV. EFFLUENT CHARACTERISTICS

A. **Existing Sources** — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. **New Dischargers** — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		*(3)*	*(or)*	*(4)*
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken *(last year)*		Source of Estimate *(if new discharger)*
Biochemical Oxygen Demand (BOD)	2.94 kg/Day	53.9 mg/L	2.94 kg/Day	53.9 mg/L	1		
Total Suspended Solids (TSS)	0.600 kg/day	11.0 mg/l	0.600 kg/day	11.0 mg/l	1		
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	NA		
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	NA		
Oil and Grease	<QL	<5 mg/L	<QL	<5 mg/L	1		
*Chemical oxygen demand (COD)	9.21 kg/day	169 mg/L	9.21 kg/day	169 mg/L	1		
*Total organic carbon (TOC)	2.15 kg/day	39.5 mg/L	2.15 kg/day	39.5 mg/L	1		
Ammonia *(as N)*	<QL	<0.10 mg/L	<QL	<0.10 mg/l	1		
Discharge Flow	Value 10 GPM		10 GPM		1		
pH *(give range)*	Value 6.7 - 6.8 SU		6.7 - 6.8 SU		2		
Temperature *(Winter)*	27.8 °C		27.8 °C		1		
Temperature *(Summer)*	27.8 °C		27.8 °C		1		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Currently this discharge is captured and sent to the Emporia, VA waste water treatment facility. A discharge to this outfall would be rare.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

None

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

This source is currently captured and treated off-site. It is included in this application as an allowable source in the event of an accidental discharge.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
Bryan Bates - Plant Manager	434-634-5123
C. Signature	D. Date Signed
By Bates	12/28/15

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)
VA0006483

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM 2F NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)
Outfall 001	36.00	41.00	41	-77	31.00	31	Metcalf Branch of Meherrin River
Outfall 002	36	41	46	-77	31	27	Metcalf Branch of Meherrin River

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A		NA	NA	NA	NA

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of imperious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*	Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*
001	30.08 acres	51.3 acres	002	1.32 acres	4.56 acres

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Approximately 3 to 5 million board feet of raw logs, and several trucks loaded with cores are typically stacked on the logyard at any given time. Stacked veneer sheets are stored outside of the warehouse in various quantities. Wood boiler fuel is stored in a concrete pad next to the A frame storage building. Scrap metal is stored on the yard in various hoppers until it is sold. Material that is spilled is cleaned up in a timely manner to limit exposure. Stormwater runoff from these areas is channeled to one of the 7 screens (less than 1 inch diameter) prior to discharge at Outfall 001.

Outfall 002 contributions are an employee parking area and an abandoned rail spur.

Herbicides are not used in any area adjacent to or within earthen stormwater ditches.

See the SW3P for materials management practices employed to minimize contact with stormwater.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001/002	Structural: 7 less than 1 inch in size screens	1T
001/002	Secondary containment walls around outside oil tanks	1T
001/002	Nonstructural: Employee training and ditch and yard cleaning. See the SW3P for controls location.	1T

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title *(type or print)*	Signature	Date Signed
Bryan Bates - Plant Manager	Bry Bates	10/28/15

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

The Environmental Coordinator observes the outfall weekly. Observations are made to ensure no unpermitted discharges are or have been occurring.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

There have not been any significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years.

Continued from Page 2

EPA ID Number *(copy from Item 1 of Form 1)*
VA0006483

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

Sodium bicarbonate is used as the explosion supression system for the dust baghouses. In the event of a baghouse explosion followed by a fire, a small aomount of sodium bicarbonate could be released to outfall 001 with fire fighting water. Sodium bicarbonate is not a toxoc pollutant.

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☑ Yes (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ No (*go to Section X*)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Air, Water and Soils Laboratories, Inc.	1941 Reymet Road Richmond, Virginia 23237	(804) 358-8295	Oil & Grease, Biological Oxygen Demand (BOD5), Chemical Oxygen Demand (COD), Total Suspended Solids (TSS), Total Nitrogen, and Total Phosphorous

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (*Type Or Print*)	B. Area Code and Phone No.
Bryan Bates - Plant Manager	(434) 634-5123
C. Signature	D. Date Signed
By Bates	12/28/15

EPA ID Number (*copy from Item 1 of Form 1*)
VA0006483

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Outfall 001 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5 mg/L	N/A	NA	NA	1.00	Boneyard and fuel
Biological Oxygen Demand (BOD5)	18.4 mg/L	28.5 mg/L	NA	NA	1.00	Logyard and wood waste
Chemical Oxygen Demand (COD)	73.0 mg/L	120 mg/L	NA	NA	1.00	Logyard and wood waste
Total Suspended Solids (TSS)	524 mg/L	61.0 mg/L	201 mg/L	NA	12 - Grab	Ash and logyard
Total Nitrogen	1.05 mg/L	1.44 mg/L	NA	NA	1.00	Ash and ground maintenance
Total Phosphorus	0.19 mg/L	0.3 mg/L	NA	NA	1.00	Ash and ground maintenance
pH	Minimum 6.6	Maximum 8.6	Minimum NA	Maximum NA	12 - Grab	Wood waste, ash

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Outfall 001 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Debris	<1 inch	<1 inch	<1 inch	<1 inch	12	Logyard and wood waste
pH	8.6 S.U.	NA	NA	NA.	12 - Grab	Logyard and wood waste

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Outfall 001 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
None	None	None	None	None	None	None

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
11/01/15	1005 minutes	1.09 inches	Approximately 96 hours	1011 gallons/minute (Average flow, no method to obtain max flow)	1.016 M gallons

7. Provide a description of the method of flow measurement or estimate.

The stormwater flow method is determined by a rational formula which is Q=ciA. (Q= flow (cfs)) (c=runoff coefficient) (i=rainfall intensity (in/hr)) (A=area (acres))

VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Outfall 002 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5 mg/L	N/A	NA	NA	1.00	Parking lot; abandoned rail spur
Biological Oxygen Demand (BOD5)	<2 mg/L	<2 mg/L	NA	NA	1.00	Parking lot; abandoned rail spur
Chemical Oxygen Demand (COD)	15.2 mg/L	10.7 mg/L	NA	NA	1.00	Parking lot; abandoned rail spur
Total Suspended Solids (TSS)	430 mg/L	33.0 mg/L	113 mg/L	NA	12 - Grab	Parking lot; abandoned rail spur
Total Nitrogen	0.97 mg/L	0.97 mg/L	NA	NA	1.00	Parking lot; abandoned rail spur
Total Phosphorus	0.14 mg/L	0.12 mg/L	NA	NA	1.00	Parking lot; abandoned rail spur
pH	Minimum 6.6	Maximum 8.6	Minimum NA	Maximum NA	12 - Grab	Parking lot; abandoned rail spur

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Outfall 002 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Debris	<1 inch	<1 inch	<1 inch	<1 inch	12	Parking lot; abandoned rail spur
pH	8.6 S.U.	NA	NA	NA	12- Grab	Parking lot; abandoned rail spur

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Outfall 002 Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
None	None	None	None	None	None	None

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
11/01/15	1005 minutes	1.09 inches	Approximately 96 hours	52.4 gallons/minute (Average flow, no method to obtain max flow)	52,657 gallons

7. Provide a description of the method of flow measurement or estimate.

The stormwater flow method is determined by a rational formula which is Q=ciA. (Q= flow (cfs)) (c=runoff coefficient) (i=rainfall intensity (in/hr)) (A=area (acres))

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Georgia-Pacific Wood Products LLC

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☒ No ☐

3. **Provide the tax map parcel number for the land where the discharge is located.** 144 Lot A

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** None Anticipated

5. **What is the design average effluent flow of this facility?** NA MGD

For industrial facilities, provide the max. 30-day average production level, include units:

This permit application is for storm water and non-process wastewater.

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**

Rainfall, building wash down, discharges from firefighting activities, non-contact cooling water, boiler blow down, boiler softener water

NA % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: NA

NA % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☐ Continuous ☒ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

Rainfall and any non-process water discharge would be intermittent.

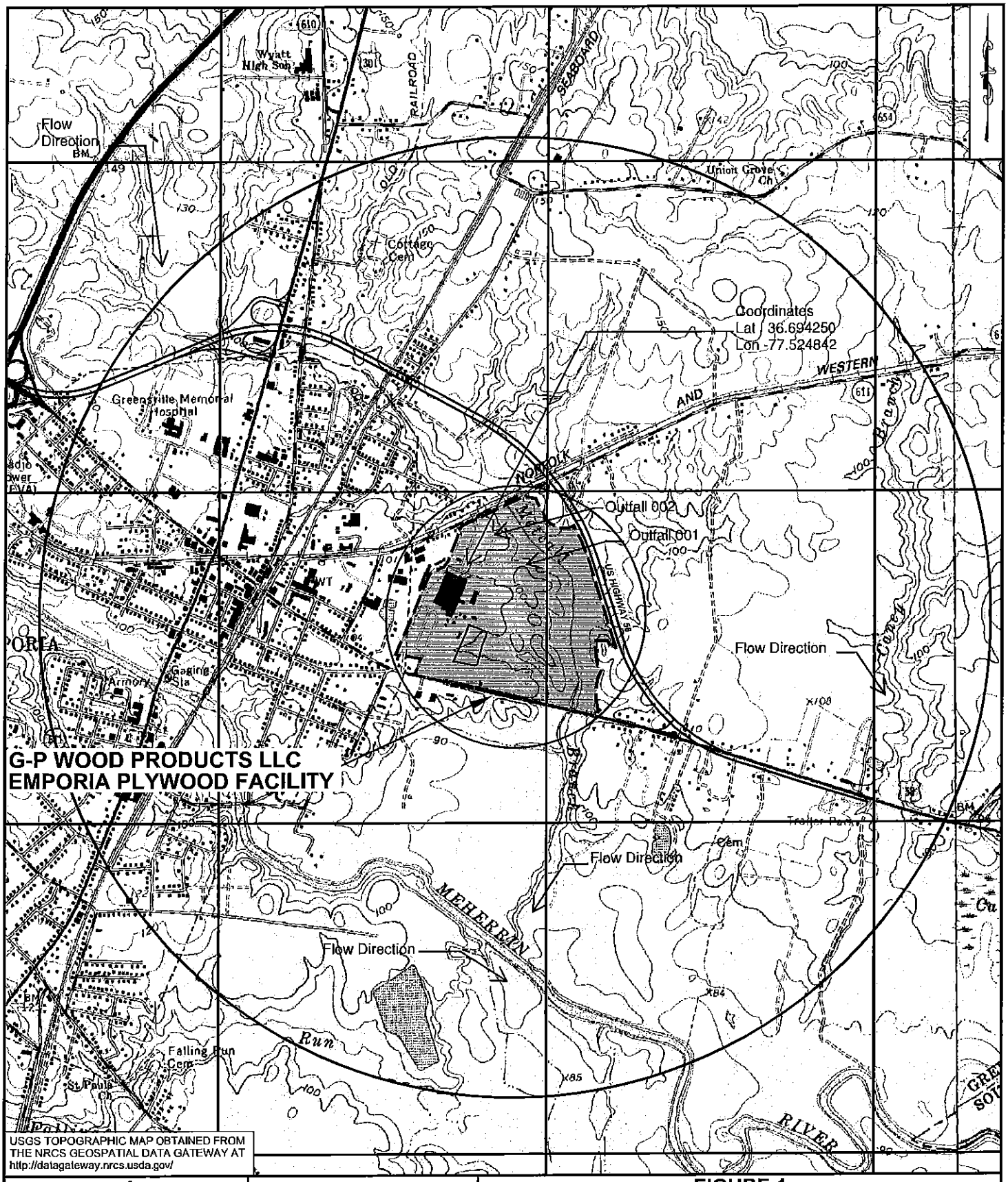
8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

- ___ Permanent stream, never dry
- X Intermittent stream, usually flowing, sometimes dry
- ___ Ephemeral stream, wet-weather flow, often dry
- ___ Effluent-dependent stream, usually or always dry without effluent flow
- ___ Lake or pond at or below the discharge point
- ___ Other:

9. **Approval Date(s):**

O & M Manual Nov 2011 **Sludge/Solids Management Plan** NA

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒



USGS TOPOGRAPHIC MAP OBTAINED FROM THE NRCS GEOSPATIAL DATA GATEWAY AT http://datagateway.nrcs.usda.gov/

synTerra
148 RIVER STREET, SUITE 220
GREENVILLE, SOUTH CAROLINA
PHONE 864-421-9999
www.synterracorp.com

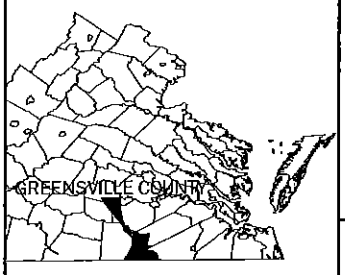
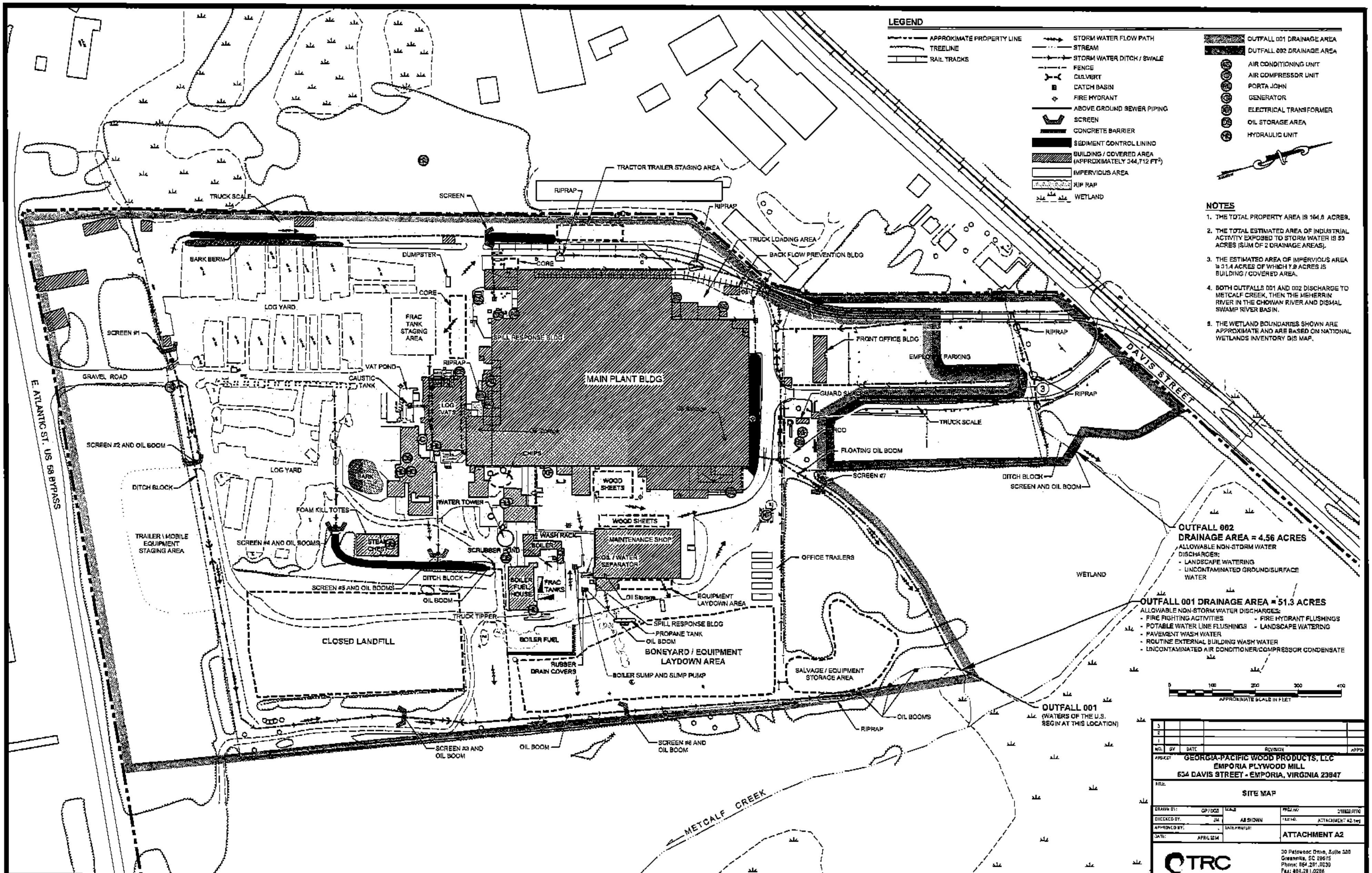


FIGURE 1
USGS TOPOGRAPHIC MAP
G-P WOOD PRODUCTS LLC
EMPORIA PLYWOOD FACILITY
634 DAVIS STREET
EMPORIA, VIRGINIA
EMPORIA VA QUADRANGLE

DRAWN BY: M. BOWEN	DATE: 11/01/2011
PROJECT MANAGER: M. BOWEN	CONTOUR INTERVAL: 10 FEET
LAYOUT: ONE MILE RADIUS	MAP DATE: 1986

GRAPHIC SCALE
1000 0 1000 2000
IN FEET

11/25/2015 2:41 PM P:\GP EMPORIA PLYWOOD.848\03. Storm Water\05. SWPP Plan Update\dwg\8480305 USGS TOPO MAP.dwg


LEGEND
APPROXIMATE PROPERTY LINE
TREELINE
RAIL TRACKS
STORM WATER FLOW PATH
STREAM
STORM WATER DITCH / SWALE
FENCE
CULVERT
CATCH BASIN
FIRE HYDRANT
ABOVE GROUND SEWER PIPING
SCREEN
CONCRETE BARRIER
SEDIMENT CONTROL LINING
BUILDING / COVERED AREA (APPROXIMATELY 344,712 FT²)
IMPERVIOUS AREA
RIP RAP
WETLAND
OUTFALL 001 DRAINAGE AREA
OUTFALL 002 DRAINAGE AREA
AIR CONDITIONING UNIT
AIR COMPRESSOR UNIT
PORTA JOHN
GENERATOR
ELECTRICAL TRANSFORMER
OIL STORAGE AREA
HYDRAULIC UNIT
NOTES
1. THE TOTAL PROPERTY AREA IS 164.8 ACRES.
2. THE TOTAL ESTIMATED AREA OF INDUSTRIAL ACTIVITY EXPOSED TO STORM WATER IS 53 ACRES (SUM OF 2 DRAINAGE AREAS).
3. THE ESTIMATED AREA OF IMPERVIOUS AREA is 31.4 ACRES OF WHICH 7.9 ACRES IS BUILDING / COVERED AREA.
4. BOTH OUTFALLS 001 AND 002 DISCHARGE TO METCALF CREEK, THEN THE MEHERRIN RIVER IN THE CHOWAN RIVER AND DISMAL SWAMP RIVER BASIN.
5. THE WETLAND BOUNDARIES SHOWN ARE APPROXIMATE AND ARE BASED ON NATIONAL WETLANDS INVENTORY GIS MAP.
E. ATLANTIC ST. US 58 BYPASS
DAVIS STREET
METCALF CREEK
TRUCK SCALE
SCREEN
TRACTOR TRAILER STAGING AREA
RIPRAP
TRUCK LOADING AREA
BACK FLOW PREVENTION BLDG
BARK BERM
DUMPSTER
CORE
FRAC TANK STAGING AREA
LOG YARD
SCREEN #1
SPILL RESPONSE BLDG
GRAVEL ROAD
VAT POND
CAUSTIC TANK
LOG VATS
MAIN PLANT BLDG
FRONT OFFICE BLDG
EMPLOYEE PARKING
GUARD SHACK
TRUCK SCALE
FLOATING OIL BOOM
SCREEN #7
DITCH BLOCK
SCREEN AND OIL BOOM
SCREEN #2 AND OIL BOOM
DITCH BLOCK
CHIPS
BARK
WOOD SHEETS
WATER TOWER
FOAM KILL TOTES
STEAM CHEST
TRAILER \ MOBILE EQUIPMENT STAGING AREA
SCREEN #4 AND OIL BOOMS
SCRUBBER POND
WASH RACK
BOILER
MAINTENANCE SHOP
OIL / WATER SEPARATOR
OFFICE TRAILERS
WETLAND
SCREEN #5 AND OIL BOOMS
OIL BOOM
BOILER FUEL HOUSE
FRAC TANKS
Oil Storage
EQUIPMENT LAYDOWN AREA
TRUCK TIPPER
SPILL RESPONSE BLDG
PROPANE TANK
OIL BOOM
CLOSED LANDFILL
BOILER FUEL
RUBBER DRAIN COVERS
BONEYARD / EQUIPMENT LAYDOWN AREA
BOILER SUMP AND SUMP PUMP
SALVAGE / EQUIPMENT STORAGE AREA
OIL BOOMS
RIPRAP
OUTFALL 001 (WATERS OF THE U.S. BEGIN AT THIS LOCATION)
SCREEN #3 AND OIL BOOM
OIL BOOM
SCREEN #6 AND OIL BOOM
OUTFALL 002
DRAINAGE AREA = 4.56 ACRES
ALLOWABLE NON-STORM WATER DISCHARGES:
- LANDSCAPE WATERING
- UNCONTAMINATED GROUND/SURFACE WATER
OUTFALL 001 DRAINAGE AREA = 51.3 ACRES
ALLOWABLE NON-STORM WATER DISCHARGES:
- FIRE FIGHTING ACTIVITIES
- FIRE HYDRANT FLUSHINGS
- POTABLE WATER LINE FLUSHINGS
- LANDSCAPE WATERING
- PAVEMENT WASH WATER
- ROUTINE EXTERNAL BUILDING WASH WATER
- UNCONTAMINATED AIR CONDITIONER/COMPRESSOR CONDENSATE
0 100 200 300 400
APPROXIMATE SCALE IN FEET
NO. BY DATE REVISION APPD
PROJECT GEORGIA-PACIFIC WOOD PRODUCTS, LLC
EMPORIA PLYWOOD MILL
634 DAVIS STREET - EMPORIA, VIRGINIA 23847
TITLE SITE MAP
DRAWN BY: GP/DGB
CHECKED BY: JM
APPROVED BY:
DATE: APRIL 2014
SCALE AS SHOWN
DATE PRINTED:
PROJ. NO.
FILE NO. ATTACHMENT A2.dwg
ATTACHMENT A2
TRC
30 Patewood Drive, Suite 300
Greenville, SC 29615
Phone: 864.281.0030
Fax: 864.281.0288

EPA Form 2F Section IV.B – Material Management Practices at GP Emporia Plywood

INDUSTRIAL ACTIVITY	LOCATION	ASSOCIATED POLLUTANTS	CURRENT BMP AND SITE MAP DESIGNATION (SECTION 3 FOR ADDITIONAL INFORMATION)	EXPOSED TO STORM WATER WITHIN THE LAST 3 YEARS	ASSOCIATED OUTFALL
Log Storage, Log Log Handling (Mobile Equipment)	Log yard at southwest corner, south side, and southeast corner of site.	Biochemical oxygen demand (BOD) chemical oxygen demand (COD), total suspended solids (TSS); O&G	Seven 1" screens with filter fabric; absorbent booms and sediment control lining in ditches to catch material; ditches cleaned as needed; stationed ditch block material; concrete barriers; riprap outlet protection.	Yes	001
Wood Residual Stockpiles (bark, wood chips, ply trim, plywood, slabs/limbs,)	Boiler, Grinder Pile, Log yard perimeter, between Main Plant Bldg. Maintenance Shop, and wood residual bins at various locations.	BOD, COD, TSS	Seven 1" screens with filter fabric; absorbent booms and sediment control lining in ditches to catch material; Spills picked-up as needed; concrete barriers ; riprap outlet protection.	Yes	001
Domestic Trash Hopper and Dumpster	Adjacent to Maintenance Shop and Fueling Area. Locations vary.	TSS	Dumpsters and trash hoppers material is disposed as needed to prevent overflow; liquid pollutants are not placed in dumpsters.	Yes	001
Scrap Metal Storage	Boneyard and Salvage Areas	Metals, oil and grease (O&G), TSS	Oil drained from equipment prior to storing outside; scrap removed from site periodically; good housekeeping.	Yes	001
Cores Storage	Log yard at southwest corner of Main Plant Bldg.	BOD, COD, TSS	Seven 1" screens with filter fabric; absorbent booms and sediment control lining in ditches to catch material; riprap outlet protection; good housekeeping.	Yes	001
Veneer (wood sheets)	Between Main Plant Bldg. and Maintenance Shop	BOD, COD, TSS	Seven 1" screens with filter fabric; absorbent booms and sediment control lining in ditches to catch material; good housekeeping.	Yes	001
Boiler Ash Stockpile/Scrubber Pond	Boiler Area	Metals, TSS	Containment at scrubber pond; concrete barriers; good housekeeping.	Yes	001

EPA Form 2F Section IV.B – Material Management Practices at GP Emporia Plywood

INDUSTRIAL ACTIVITY	LOCATION	ASSOCIATED POLLUTANTS	CURRENT BMP AND SITE MAP DESIGNATION (SECTION 3 FOR ADDITIONAL INFORMATION)	EXPOSED TO STORM WATER WITHIN THE LAST 3 YEARS	ASSOCIATED OUTFALL
Material Transport (gravel and paved roads)	Perimeter of, entrance of, exit of, and within facility property.	BOD, COD, TSS, O&G	Seven 1" screens with filter fabric; absorbent booms sediment control lining in ditches to catch material; grassed ditches; ditches cleaned as needed; roads swept as needed.	Yes	001 and 002
Oil Storage, Outdoor Hydraulic Units, Transformers, Generators	Diesel/Gasoline fueling station, Fire Pump Diesel Tanks, Maintenance Shop, Boiler, Log Vats, Boiler, Debarker, RCO, Various locations for transformers	Metals, O&G	Containment dikes for tanks and generators; cover to limit exposure for hydraulic units; Spill Prevention, Control, and Countermeasures (SPCC) Plan (inspections, loading/unloading procedures, overfill prevention, spill response measures, etc.)	Yes	001
Temporary Storage of empty Finishing Totes	Outside Finishing Department	O&G, COD, metals	Proper emptying, closure, and exterior cleaning of totes prior to temporary storage outside	Yes	001
Foam Kill Totes	Steam Chest.	COD, Color, pH	Inside storage when possible; stored out of equipment traffic areas; empty totes are properly cleaned/closed when stored outside prior to removal or reuse	Yes	001
Equipment Wash Rack	Maintenance Shop Area	Metals, O&G TSS, COD	Concrete containment; Oil/water separator.	Yes	001
Mobile Equipment Storage Area	Maintenance Shop Area	Metals, O&G, TSS, COD	Regular equipment inspection and subsequent maintenance of equipment as needed; drip pans, clean-up of leaks as needed.	Yes	001
New Steel/Pipe Racks	Maintenance Shop; Equipment Laydown Areas	Metals, O&G, TSS, COD	Minimize storage quantity; maintain storage aboveground to reduce oxidation potential; good housekeeping	Yes	001
Vat Water Storage	Vat: Vat Pond; Steam Chest Area	Metals, O&G TSS, COD, Color, pH	Periodic inspections; preventive maintenance; vat moat high-level alarms; secondary containment	Yes (Vats); No (Steam Chest)	001

EPA Form 2F Section IV.B – Material Management Practices at GP Emporia Plywood

INDUSTRIAL ACTIVITY	LOCATION	ASSOCIATED POLLUTANTS	CURRENT BMP AND SITE MAP DESIGNATION (SECTION 3 FOR ADDITIONAL INFORMATION)	EXPOSED TO STORM WATER WITHIN THE LAST 3 YEARS	ASSOCIATED OUTFALL
Frac Tanks	Staging area south of Main Plant Bldg.; north of Boiler Fuel House	O&G, COD, BOD, Color, pH	Secondary containment for small leaks; removal of full tanks as necessary.	Yes	001
Porta Johns	Porta John on south side of site	BOD, COD, Fecal Coliform	Porta Johns kept out of vehicle and equipment traffic areas and emptied as needed	Yes	001